PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 UQR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 18 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115591

1. Corporation Name

A PUBLIC RECORD EXPERT, INC.

Principal Place of Business	Mailing Address
4600 LEGACY COURT SARASOTA FL 34241	4600 LEGACY COURT SARASOTA FL 34241

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4600 Legacy Ct.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota Florida	City & State
Zip: 34241 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/03/2001

5. FEI Number: 65-1158640 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	David J Korman	4600 Legacy Ct.	Sarasota Fl. 34241

900009053659
11/18/02--01084--024 **158.75

8. Name and Address of Current Registered Agent

KORMAN, DAVID J
4600 LEGACY COURT
SARASOTA FL 34241

9. Name and Address of New Registered Agent

Name: No Change
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11-13-02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED 11-13-02 941-504-7734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A Public Record Expert, Inc.

David J. Korman
President

November 13, 2002

FLORIDA DEPARTMENT OF STATE
JIM SMITH
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR SIRS,

This letter is to inform you, as you requested, that my corporation, "A PUBLIC RECORD EXPERT, INC." did not receive prior UBR notices in order to file in a timely fashion. I am enclosing the $150 fee for a "for-profit" corporation.

Sincerely,

David J. Korman
President

4600 Legacy Court
Sarasota, Florida 34241

Office: ~~941-922-0847~~ 941-504-7734
Fax: 941-923-1368
E-mail: ~~dkorman@hotmail.com~~ David@APRE1.com